AFN #2019000457 Recorded Mar 28, 2019 01:48 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 File Fee: \$0.00 Auditor Robert J. Waymire Skamania County, WA

DIVISION OF CHILD SUPPORT PO BOX 11520 TACOMA WA 98411-5520

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

Notice and Statement of Lien

Grantor or Debtor: CHEYENNE BRIANA	BERRY	, also known as or
doing business as:		, , ,
	<u> </u>	,
SSN: xxx-xx-5615	DOB: 9/4/1995	FEIN:
Grantee or Creditor: The Department o	f Social and Health Servi	ces (DSHS).
Legal Description:		
Assessor's Property Tax Parcel Accoun	nt Number:	
Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 1,	es past-due child suppor	t. The Division of Child Support
All real and personal property of the	e debtor named above ex	cept Tribal Trust property.
☐ Only the property described in the I	egal Description section	above.
March 25, 2019 DATE	N SAENZ AUTHORIZED REPRESENTA	
	DIVISION OF CHILD SUPPOR	π
(206) 341-7000 TELEPHONE NUMBER	N SAENZ PERSON TO CONTACT	
In reply, refer to case numbers:		00027331750063573570000000102502

In reply, refer to case numbers:

FG VFR: (1.8)

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012) FG VER: (1.8) 1612:03252019/ 2733175 / 1612